

YOUTH TRANSITION CENTER FIRE DRILL FORM

Date: _____ Evacuation Time: Start: _____ Finish: _____

Comments:

Youth Present:

1.	2.	Staff Present:
3.	4.	1.
5.	6.	2.
7.	8.	3.
9.	10.	4.
11.	12.	5.
		6.

DETECTORS CHECKED:

MTC:	FTC:
<input type="checkbox"/> LIVING ROOM	<input type="checkbox"/> LIVING ROOM
<input type="checkbox"/> OFFICE DOOR	<input type="checkbox"/> BEDROOM
<input type="checkbox"/> UPSTAIRS HALLWAY	<input type="checkbox"/>
<input type="checkbox"/> BY DUNGEON	<input type="checkbox"/>
<input type="checkbox"/> BY FRONT BEDROOM	<input type="checkbox"/>
<input type="checkbox"/> FIRE EXTINGUISHERS	<input type="checkbox"/>
<input type="checkbox"/> BEDROOMS	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Staff Printed Name

Staff Signature